

10400 Eaton Place
Suite 312
FAIRFAX, VA
Phone: (703) 385-5200
Fax: (703) 385-5080

KEATING & BENNETT LLP

Fax

To: 2800 Customer Service**From:** Christopher A. Bennett**Fax:** (703) 872-9317**Date:** October 10, 2002**Phone:** (703) 306-3329**Pages:** 4**Re:** Power of Attorney Documents**CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

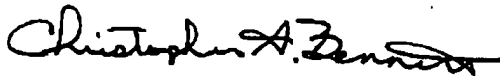
Application Number	09/658,732
Filing Date	September 11, 2000
First Named Inventor	Makoto INAI
Title	FIELD-EFFECT....
Group Art Unit	2815
Examiner Name	B. Baumeister
Attorney Docket Number	36856.919

Dear Sir,

Please find attached the following documents and enter these documents in the above-referenced application:

- Revocation of Power of Attorney or Authorization of Agent
- Power of Attorney or Authorization of Agent
- Statement under 37 CFR 3.73(b)

Sincerely,



Christopher A. Bennett

Reg. No. 46,710

RECEIVED

OCT 15 2002

CSO 2800

Please type a plus sign (+) inside this box →



PTO/SB/82(10-00)

Approved for use through 10/31/2002. OMB 0851-0033
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/658,732
Filing Date	September 11, 2000
First Named Inventor	Makoto INAI #12/10/18/2
Group Art Unit	2815
Examiner Name	B. Baumelster
Attorney Docket Number	36856.919

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

Telephone

State

ZIP

Fax

I am the:

☐

Applicant/Inventor.

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Name

Mr. Kunisaburo Tomono

Signature

K. Tomono

Date

Sep. 25, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☐

*Total of _____ forms are submitted

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0036
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/658,732
Filing Date	September 11, 2000
First Named Inventor	Makoto INAI
Title	FIELD-EFFECT....
Group Art Unit	2815
Examiner Name	B. Baumelster
Attorney Docket Number	36856.919

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR



Practitioner named below:

Name	Registration Number
Joseph R. Keating	37,368
Christopher A. Bennett	46,710

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Keating & Bennett, LLP

Address 10400 Eaton Place

Address Suite 312

City Fairfax State VA ZIP 22030

Country USA

Telephone (703) 385-5200 Fax (703) 385-5080

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE OF Applicant or Assignee of Record

Name Mr. Kunisaburo Tomono

Signature *K. Tomono*

Date Sep. 25, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☐ *Total of _____ forms are submitted

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/98(08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Makoto INAI et al.

Application No./Patent No.: 09/658,732 Filed/Issue Date: September 11, 2000

Entitled: FIELD-EFFECT SEMICONDUCTOR DEVICE

Murata Manufacturing Co., Ltd., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011096, Frame 0239, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Sep. 25, 2002
Date

Mr. Kunisaburo Tomono

Typed or printed name

K. Tomono

Signature

General Manager of Intellectual Property

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.